MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	l							51		l				
2		l		.				52		l				
3		l						53		l				
4		l						54						
5		l						55						
6		l						56						
7		l						57						
8		l						58						
9		l						59						
10		l						60						
11	l							61						
12		l						62						
13		l						63						
14		l						64						
15		l						65						
16		l						66						
17		l						67						
18		l						68						
19		l						69						
20		l						70						
21		l						71						
22		l						72						
23		l						73						
24		l						74						
25		l						75						
26		l						76						
27		l		.				77						
28		l						78						
29		l						79						
30		l						80						
31		l						81						
32		l						82						
33		l						83						
34		l						84						
35	l							85						
36		l				l		86						
37		l						87						
38		l						88						
39		l						89						
40		l						90						
41		l						91						
42		.						92						
43								93						
44								94						
45	l							95						
46		.						96						
47		l						97						
48								98						
49		l						99						
50								100						
TOTAL IND.								TOTAL IND.	4					
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						